



THE COMMONWEALTH OF MASSACHUSETTS  
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

|  |                      |                                |                      |                                 |
|--|----------------------|--------------------------------|----------------------|---------------------------------|
| 1. Date of Request:<br>12/30/2008  | 2. Travel Request #: | 3. Department/Division:<br>DPH | 4. DEPT/ORGN:<br>294 | 5. Appropriation No.:<br>4510-0 |
| 6. Name of Traveler(s):  |                      | 7. Title(s):                   | 8. Dates of Travel:  | 8.a Destination                 |
| 9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee):                                       |                      |                                |                      |                                 |
| <input checked="" type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached.<br><b>Signature of Bureau Director/Assistant Commissioner/Hospital Director:</b> _____ Date: _____ |                      |                                |                      |                                 |

|  |  |                          |                     |                |             |
|--|--|--------------------------|---------------------|----------------|-------------|
| 10. Estimated Expenses:  |  | Private Funds            | State/Federal Funds | Personal Funds | Other Funds |
| Transportation: (check all that apply)   |  |                          |                     |                |             |
| <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail      Bus<br><input checked="" type="checkbox"/> Taxi |  |                          |                     |                |             |
| Car: <input type="checkbox"/> State <input type="checkbox"/> Personal      Rental  |  | <input type="checkbox"/> |                     |                |             |
| Parking \$20 *0 Days   |  |                          |                     | \$ -           |             |
| Lodging \$100.00 *0 Days   |  |                          | \$ -                |                |             |
| Meals \$00.00*0 Days   |  |                          | \$ -                |                |             |
| Other: (please list): Tips<br>Registration Fee   |  |                          | \$ -                |                |             |
| Sub Total(s)   |  | \$ -                     | \$ -                | \$ -           | \$ -        |
|  |  | Grand Total              | \$ -                | \$ -           |             |

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| 11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: |
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| 12. Privately Subsidized Travel Information: | Not Applicable <input checked="" type="checkbox"/>               |
| Name of Contact Person:                      | Describe all activities offered and intent to participate: _____ |
| Company:                                     | _____  |
| Address:                                     | _____  |
| Business Activity:                           | _____  |
| Telephone Number:                            | Relationship Between Private Party and the _____                 |

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|---|--|---|--|-------------------|
| 13. Certifications and Authorizations   |  |   |  |                   |
| I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. |  |   |  |                   |
| Signature of Traveler:  |  | Date:   |  |                   |
| I hereby certify that sufficient funds are available for the above described travel accommodations.                                     |  |   |  |                   |
| Signature of Department Head or Designee:   |  | <input type="checkbox"/> Delegation from Secretary granted. |  | Date:             |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> Disapproved                        | <input type="checkbox"/> Approved With | Comments Attached |

|                                 |       |
|---------------------------------|-------|
| Signature of Cabinet Secretary: | Date: |
|---------------------------------|-------|

| ACCOUNT   | ACCOUNT NAME                             | SOURCE |
|-----------|--|--------|
| 0330-2206 | FALL RIVER NEW CH & VARIOUS COURTHOUSE   | 2CN    |
| 0330-2208 | COURT MASTERPLAN REPAIR COSTS            | 2CN    |
| 1201-0109 | ENFORCEMENT STATE'S ACCESS & VISITATION  | 4FN    |
| 1201-0410 | DOR CHILD SUPPORT ENFORCEMENT TRUST FUND | 3TN    |
| 1790-2010 | E-GOVERNMENT RESERVE                     | 2CN    |
| 4000-0140 | BETSY LEHMAN CENTER                      | 1CS    |
| 4000-0300 | ADMINISTRATION OF THE MEDICAID PROGRAM   | 1CS    |
| 4000-2011 | HUMAN SERVICE FACILITIES UPGRADES, F&E   | 2CN    |
| 4000-4000 | HEALTH INSURANCE PORTABILITY AND         | 3TN    |
| 4000-7570 | MEDICAID TRANSFORMATION GRANT            | 4FN    |
| 4000-9402 | SUBSTANCE ABUSE PREVENTION & TREATMENT   | 4FN    |
| 4003-0805 | REFUGEE RESETTLEMENT PROGRAM             | 4FN    |
| 4003-0806 | REFUGEE CASH, MEDICAL AND ADMINISTRATION | 4FN    |
| 4100-0062 | HEALTH CARE QUALITY IMPROVEMENT          | 3TN    |
| 4100-1056 | GROSS PAYMENTS TO HOSPITALS              | 3TN    |
| 4190-0100 | SOLDIERS' HOME IN HOLYOKE                | 1CS    |
| 4400-0705 | MCKINNEY EMERGENCY SHELTER GRANTS PROGRM | 4FN    |
| 4400-0707 | CONTINUUM OF CARE SUPP HOUSING           | 4FN    |
| 4403-2120 | FOR FAMILY SHELTER/TRANSITIONAL HOUSING  | 1CS    |
| 4500-1000 | PREVENTIVE HEALTH SERVICES BLOCK         | 4FN    |
| 4500-1050 | RAPE PREVENTION & EDUCATION              | 4FN    |
| 4500-1055 | VIOLENCE AGAINST WOMEN PLANNING & IMPLE- | 4FN    |
| 4500-1060 | RAPE PREVENTION                          | 4FN    |
| 4500-1065 | OHM STATE PARTNERSHIP GRANT              | 4FN    |
| 4500-2000 | MATERNAL AND CHILD HEALTH SERVICES       | 4FN    |
| 4502-1012 | COOPERATIVE HEALTH STATISTICS SYSTEM     | 4FN    |
| 4510-0099 | FEES FROM LICENSES & INSPECTIONS         | 1RN    |
| 4510-0100 | BUREAU OF ADMINISTRATION-ADMINISTRATION  | 1CS    |
| 4510-0106 | END OF LIFE CARE COMMISSION RET REV      | 1RN    |
| 4510-0108 | STATE OFFICE FOR PHARMACY SERVICES ISF   | 1IN    |
| 4510-0109 | STATE LOAN REPAYMENT PROJECT             | 4FN    |
| 4510-0110 | COMMUNITY AND OTHER HEALTH CENTERS       | 1CS    |
| 4510-0113 | OFFICE OF RURAL HEALTH                   | 4FN    |
| 4510-0117 | MASS STATE LOAN REPAYMENT UMASS MEDICAL  | 3TN    |
| 4510-0118 | PRIMARY CARE COOPERATIVE AGREEMENT       | 4FN    |
| 4510-0119 | RURAL HOSPITAL FLEXIBILITY PROGRAM       | 4FN    |
| 4510-0150 | MANAGED CARE COMMUNITY HEALTH            | 1CS    |
| 4510-0219 | SMALL RURAL HOSPITAL IMPROVEMENT GRANT   | 4FN    |
| 4510-0220 | CHILDRENS ORAL HEALTHCARE ACCESS PROGRAM | 4FN    |
| 4510-0221 | TARGETED ORAL HEALTH SERVICES            | 4FN    |
| 4510-0400 | MEDICARE & MEDICAID SURVEY & CERTIFICA-  | 4FN    |
| 4510-0403 | MASS REPORTING SYSTEM EVALUATE EFFECTS   | 4FN    |
| 4510-0404 | BIOTERRORISM HOSPITAL PREPAREDNESS       | 4FN    |
| 4510-0500 | CLINICAL LABORATORY IMPROVEMENT          | 4FN    |
| 4510-0600 | ENVIRONMENTAL HEALTH SERVICES            | 1CS    |
| 4510-0606 | UREA FORMALDEHYDE FOAM INSULATION FOR    | 3TN    |

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| 4510-0615 | NUCLEAR SAFETY ASSESSMENTS/LICENSE FEES          | 1RN |
| 4510-0616 | TO ESTABLISH & MAINTAIN DRUG REGISTRAT'N         | 1RN |
| 4510-0619 | FDA INSPECTION OF FOOD ESTABLISHMENTS            | 4FN |
| 4510-0623 | SURVEILLANCE OF HEALTH OUTCOMES AND              | 3TN |
| 4510-0625 | LOW LEVEL RADIOACTIVE WASTE REBATE TRUST         | 3TN |
| 4510-0626 | MDPH STATEWIDE SURVEILLANCE OF HEALTH            | 4FN |
| 4510-0627 | PRESCRIPTION DRUG MONITORING                     | 4FN |
| 4510-0628 | DEVELOPING AND ENHANCING PRESCRIPTION DRUG       | 4FN |
| 4510-0629 | HAROLD RODGERS PRESCRIPTION DRUG MONITOR         | 4FN |
| 4510-0630 | ENABLING ELECTRONIC PRESCRIBING AND ENHANCEMENT  | 4FN |
| 4510-0633 | FY2004 PRESCRIPTION DRUG                         | 4FN |
| 4510-0634 | FOOD SAFETY TASK FORCE MEETING                   | 4FN |
| 4510-0635 | LEAD PAINT EDUCATION & TRAINING                  | 3TN |
| 4510-0636 | CHILDHOOD LEADPAINT POISONING PREVENTION         | 4FN |
| 4510-0638 | BJA PRESCRIPTION DRUG MONITORING                 | 4FN |
| 4510-0639 | FOOD PROTECTION RAPID RESPONSE TEAM              | 4FN |
| 4510-0710 | OFFICE OF REGULATION-ADMINISTRATION              | 1CS |
| 4510-0712 | HEALTH FACILITIES LICENSURE RETAINED             | 1RN |
| 4510-0714 | CIVIL MONETARY PENALTIES                         | 3TN |
| 4510-0715 | PRIMARY CARE CENTER AND LOAN FORGIVENESS PROGRAM | 1CS |
| 4510-0716 | ACADEMIC DETAILING PROGRAM                       | 1CS |
| 4510-0720 | CERTIFIED NURSE'S AIDE TRAINING SCHOLAR-         | 1CS |
| 4510-0725 | HEALTH BOARDS OF REGISTRATION ADMIN              | 1CS |
| 4510-0727 | QUALITY IN HEALTH PROFESSIONS TRUST FUND         | 3TN |
| 4510-0729 | BOARD OF REGISTRATION IN MEDICINE TRUST          | 3TN |
| 4510-0790 | REGIONAL EMERGENCY MEDICAL SERVICES              | 1CS |
| 4510-0792 | TRAUMA EMS - MATERNAL & CHILD HEALTH             | 4FN |
| 4510-0793 | RURAL ACCESS TO EMERGENCY DEVICES ACT            | 4FN |
| 4510-0810 | SEXUAL ASSAULT NURSE EXAMINERS PROGRAM           | 1CS |
| 4510-0820 | PEDI-SANE  | 1CS |
| 4510-6921 | HEALTH CARE QUALITY - ORGAN TRANSPLANT           | 3TN |
| 4510-9014 | MAMMOGRAPHY QUALITY STANDARDS ACT                | 4FN |
| 4510-9040 | DIABETES CONTROL PROGRAM                         | 4FN |
| 4510-9043 | DEMO PROGRAM TO CONDUCT TOXIC WASTE SITE         | 4FN |
| 4510-9048 | INDOOR RADON DEVELOPMENT PROGRAM                 | 4FN |
| 4510-9052 | TREMOLITE ASBESTOS EXPOSURE                      | 4FN |
| 4510-9053 | BEACH MONITORING                                 | 4FN |
| 4510-9054 | PEDIATRIC ASTHMA REGIONAL SURVEILLANCE           | 4FN |
| 4510-9056 | NATIONAL ENVIRON PUBLIC HEALTH TRACKING          | 4FN |
| 4510-9062 | PREVALENCE OF ALS & MS IN COMMUNITIES            | 4FN |
| 4510-9063 | ENVIRONMENTAL & HEALTH EFFECT TRACKING           | 4FN |
| 4512-0102 | SEXUALLY TRANSMITTED DISEASE CONTROL             | 4FN |
| 4512-0103 | ACQUIRED IMMUNE DEFICIENCY PROGRAM               | 1CS |
| 4512-0105 | MASSACHUSETTS AIDS FUND                          | 3TN |
| 4512-0106 | HIV/AIDS DRUG ASSISTANCE REBATES                 | 1RN |
| 4512-0107 | HIV RISK BEHAVIOR SURVEILLANCE                   | 4FN |
| 4512-0179 | VACCINATION ASSISTANCE PROJECT                   | 4FN |
| 4512-0180 | EPIDEMIOLOGY AND LAB SURVEILLANCE                | 4FN |
| 4512-0183 | LAB MARKER RECENT HIV INFECTION RESEARCH         | 4FN |

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| 4512-0184 | VIRAL HEPATITIS PREVENTION SERVICES                    | 4FN |
| 4512-0200 | DIVISION OF ALCOHOLISM ADMINISTRATION                  | 1CS |
| 4512-0201 | SUBSTANCE ABUSE STEP-DOWN RECOVERY SERVICES            | 1CS |
| 4512-0225 | GAMBLERS TREATMENT PROGRAM                             | 1RN |
| 4512-0500 | DIVISION OF DENTAL HEALTH-ADMINISTRATION               | 1CS |
| 4512-9061 | STATE DATA INFRASTRUCTURE (SID) PROGRAM                | 4FN |
| 4512-9062 | MH/SUBSTANCE ABUSE EMERGENCY RESPONSE                  | 4FN |
| 4512-9063 | ECSTASY AND OTHER CLUB DRUGS                           | 4FN |
| 4512-9064 | ADOLESCENT TREATMENT COORDINATION                      | 4FN |
| 4512-9065 | STATE OUTCOMES MEASUREMENT AND MANAGEMENT SYSTEM       | 4FN |
| 4512-9066 | STATE EPIDEMIOLOGICAL OUTCOMES WORKSHOP                | 4FN |
| 4512-9067 | SCREENING AND BRIEF INTERVENTION                       | 4FN |
| 4512-9068 | COLLABORATIVE FOR ACTION, LEADERSHIP, AND LEARNING     | 4FN |
| 4512-9069 | SUBSTANCE ABUSE PREVENTION AND TREATMENT - BLOCK GRANT | 4FN |
| 4512-9070 | PROMOTING SAFE AND STABILATE FAMILIES                  | 4FN |
| 4512-9071 | OJJDP SUBSTANCE ABUSE PREVENTION                       | 4FN |
| 4512-9410 | S.H.A.R.E. REVOLVING LOAN FUND                         | 3TN |
| 4512-9426 | UNIFORM ALCOHOL & DRUG ABUSE DATA                      | 4FN |
| 4513-0111 | HOUSING OPPORTUNITIES - PEOPLE WITH AIDS               | 4FN |
| 4513-1000 | FAMILY HEALTH PROGRAM                                  | 1CS |
| 4513-1002 | FOR THE ADMINISTRATION OF OFFICE OF                    | 1CS |
| 4513-1012 | INFANT FORMULA PRICE ENHANCEMENT                       | 1RS |
| 4513-1014 | WIC ESCROW   | 3TN |
| 4513-1020 | EARLY INTERVENTION SERVICES                            | 1CS |
| 4513-1021 | EARLY INTERVENTION STAFF RATE INCREASE                 | 1CS |
| 4513-1023 | UNIVERSAL NEWBORN HEARING SCREENING                    | 1CS |
| 4513-1024 | SHAKEN BABY SYNDROME PREVENTION PROGRAM                | 1CS |
| 4513-1026 | SUICIDE PREVENTION                                     | 1CS |
| 4513-1111 | OSTEOPOROSIS EDUCATION AND PREVENTION PROGRAM          | 1CS |
| 4513-1112 | FOR A PROSTATE CANCER PREVENTION                       | 1CS |
| 4513-1113 | COLORECTAL CANCER                                      | 1CS |
| 4513-1114 | HEPATITIS C  | 1CS |
| 4513-1115 | MULTIPLE SCLEROSIS                                     | 1CS |
| 4513-1121 | STOP STROKE PROGRAM                                    | 1CS |
| 4513-1122 | OVARIAN CANCER SCREENING                               | 1CS |
| 4513-1130 | DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES          | 1CS |
| 4513-9007 | NUTRITIONAL STATUS OF WOMEN AND INFANTS                | 4FN |
| 4513-9018 | AUGMENTATION & EVALUATION OF ESTABLISHED               | 4FN |
| 4513-9019 | HIV TESTING - REGULAR MEDICAL CARE SRVCS               | 4FN |
| 4513-9020 | EXPANDED & INTEGRATED HIV TESTING                      | 4FN |
| 4513-9021 | PROGRAM FOR INFANTS AND                                | 4FN |
| 4513-9022 | SECONDARY CONDITIONS PREVENTION STATE                  | 4FN |
| 4513-9023 | MASS HIV/AIDS NATIONAL BEHAVIORAL SURVEILLANCE         | 4FN |
| 4513-9027 | MASS CARE: COMMUNITY AIDS RESOURCE                     | 4FN |
| 4513-9030 | PLANNING A COMPREHENSIVE PRIMARY CARE                  | 4FN |
| 4513-9035 | AIDS SURVEILLANCE AND SEROPREVALENCE                   | 4FN |
| 4513-9037 | RYAN WHITE COMPREHENSIVE AIDS RESOURCES                | 4FN |
| 4513-9038 | SHELTER PLUS CARE-WORCESTER                            | 4FN |
| 4513-9046 | CONGENITAL ANOMALIES CTR OF EXCELLENCE                 | 4FN |

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| 4513-9050 | MAX CARE: MAXIMIZING CHILDREN'S HEALTH &                     | 4FN |
| 4513-9051 | RURAL DOMESTIC VIOLENCE & CHILD VICTIMI-                     | 4FN |
| 4513-9060 | RESIDENTIAL FIRE INJURY PREVENTION PROJ.                     | 4FN |
| 4513-9061 | ABSTINENCE EDUCATION PROJECT                                 | 4FN |
| 4513-9062 | ALCOHOL SCREENING ASSESSMENT - PREGNANCY                     | 4FN |
| 4513-9066 | UNIVERSAL NEWBORN HEARING SCREENING                          | 4FN |
| 4513-9069 | HIV INTERVENTION CARE DEMO INCARCERATED                      | 4FN |
| 4513-9071 | EARLY HEARING DETECTION AND INTERVENTION                     | 4FN |
| 4513-9072 | INTIMATE PARTNER VIOLENCE AMONG RACIAL &                     | 4FN |
| 4513-9073 | MEDICAL HOME PROJECT   | 4FN |
| 4513-9074 | GENETICS SERVICES PROJECT                                    | 4FN |
| 4513-9075 | ALCOHOL SCREENING DURING PREGNANCY                           | 4FN |
| 4513-9076 | EARLY CHILDHOOD COMPREHENSIVE SYSTEMS                        | 4FN |
| 4513-9077 | EMERGENCY MEDICAL SERVICES FOR CHILDREN                      | 4FN |
| 4513-9078 | ASTHMA PLANNING COLLABORATIVE INITIATIVE                     | 4FN |
| 4513-9079 | MASS YOUTH VIOLENCE PREVENTION PROGRAM                       | 4FN |
| 4513-9080 | MASSACHUSETTS PERINATAL CORRECTION                           | 4FN |
| 4513-9081 | STATE IMPLEMENTATION GRANT FOR CSHCN                         | 4FN |
| 4513-9082 | ID & TREATMENT FOR INFANTS & FAMILIES                        | 4FN |
| 4513-9083 | YOUTH SUICIDE PREVENTION                                     | 4FN |
| 4513-9084 | ABSTINENCE EDUCATION PROJECT                                 | 4FN |
| 4513-9085 | PREGNANCY RISK ASSESSMENT MONITORING SYSTEM                  | 4FN |
| 4513-9086 | ORAL HEALTH WORKFORCE ACTIVITIES SUPPORT GRANT               | 4FN |
| 4513-9087 | GRANTS TO STATES TO SUPPORT ORAL HEALTH WORKFORCE ACTIVITIES | 4FN |
| 4513-9088 | HELPING HANDS FOR INFANTS AND THEIR FAMILIES                 | 4FN |
| 4513-9089 | FIRST TIME MOTHERHOOD' NEW PARENTS INITIATIVE                | 4FN |
| 4513-9102 | EMERGENCY MED SERVS CHILDREN PARTNERSHIP                     | 4FN |
| 4514-0100 | CATASTROPHIC ILLNESS IN CHILDREN RELIEF                      | 3TN |
| 4514-0200 | SPINAL CORD INJURY TRUST FUND                                | 3TN |
| 4514-1001 | CULTURAL PERSPECTIVE OBESITY AMONG                           | 4FN |
| 4514-1004 | EMOTION BASED MESSAGES TO                                    | 4FN |
| 4514-1005 | WIC - MANAGEMENT INFORMATION SYSTEMS                         | 4FN |
| 4514-1006 | WIC SPECIAL PROJECT GETTING TO THE HEART OF THE MATTER       | 4FN |
| 4515-0114 | REFUGEE HEALTH SERVICES SPECIAL CONDI-                       | 4FN |
| 4515-0115 | TUBERCULOSIS CONTROL PROJECT (317)                           | 4FN |
| 4515-0117 | TB EPIDEMIOLOGIC & OPERATIONAL RESEARCH                      | 4FN |
| 4515-0121 | TUBERCULOSIS EPIDEMIOLOGICAL STUDIES                         | 4FN |
| 4515-0200 | STD/HIV PREVENTION TRAINING CENTERS                          | 4FN |
| 4515-0203 | MONITORING TRENDS IN PREVALENCE OF STD,                      | 4FN |
| 4515-0204 | STRENGTHENING SURVEILLANCE FOR INFECTIOUS DISEASE            | 4FN |
| 4515-0205 | HIV TRAINING THROUGH PREVENTION TRAINING                     | 4FN |
| 4516-0263 | BLOOD LEAD TESTING RETAINED REVENUE                          | 1RN |
| 4516-0264 | DIABETES SCREENING AND OUTREACH                              | 1CS |
| 4516-1000 | CENTER FOR LABORATORY AND COMMUNICABLE                       | 1CS |
| 4516-1018 | LYME DISEASE RESEARCH & EDUCATION                            | 4FN |
| 4516-1019 | LABORATORY BIOMONITORING PLANNING                            | 4FN |
| 4516-1021 | PUBLIC HEALTH PREPAREDNESS & RESPONSE                        | 4FN |
| 4516-1022 | FEES FOR TB TESTS RETAINED REVENUE                           | 1RN |
| 4516-1023 | FLU CARE AT HOME EXPENDABLE TRUST                            | 3TN |

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| 4516-1025 | MORBIDITY AND RISK BEHAVIOR                                 | 4FN |
| 4516-1027 | MASSACHUSETTS ELECTRONIC LAB DATA EXCHANGE PROJECT SUPPORTS | 4FN |
| 4518-0200 | VITAL RECORDS RETAINED REVENUE                              | 1RN |
| 4518-0505 | TECH DATA & MASS BIRTH/INFANT DEATH FILE                    | 4FN |
| 4518-0506 | CORE INJURY SURVEILLANCE PHASE III                          | 4FN |
| 4518-0507 | CORE INJURY SURVEILLANCE PHASE II                           | 4FN |
| 4518-0508 | STATEWIDE INJURY SURVEILLANCE EVALUATION                    | 4FN |
| 4518-0509 | OCCUPATIONAL HEALTH SURVEILLANCE                            | 4FN |
| 4518-0513 | OCCUPATIONAL INJURIES TO UNDER AGE 18                       | 4FN |
| 4518-0514 | NATIONAL VIOLENT DEATH REPORTING SYSTEM                     | 4FN |
| 4518-0530 | STATE ASSESSMENT INITIATIVES SUPPORT BY                     | 4FN |
| 4518-0532 | CORE OCCUPATIONAL HEALTH SURVEILLANCE                       | 4FN |
| 4518-0534 | PUBLIC HEALTH INJURY SURVEILLANCE & PREVENTION              | 4FN |
| 4518-1000 | PROCUREMENT OF INFORMATION FOR THE                          | 4FN |
| 4518-1002 | MASSACHUSETTS DEATH FILE - SOC. SEC. ADM                    | 4FN |
| 4518-1003 | BIRTH RECORDS-MASSACHUSETTS-FOR SOCIAL                      | 4FN |
| 4518-1004 | PROMOTING INTEGRATION OF STATE HEALTH INFORMATION SYSTEM    | 4FN |
| 4518-9022 | SENTINEL EVENT NOTIFICATION SYSTEM                          | 4FN |
| 4518-9023 | CENSUS OF FATAL OCCUPATIONAL INJURIES                       | 4FN |
| 4518-9025 | FATALITY SURVEILLANCE & FIELD INVESTIGA-                    | 4FN |
| 4518-9026 | DPH SHARPS INJURIES AND BLOOD EXPOSURE IN HOME HEALTH CARE  | 3TN |
| 4530-9000 | TEENAGE PREGNANCY PREVENTION TECHNICAL                      | 1CS |
| 4570-1500 | EARLY BREAST CANCER DETECTION & RESEARCH                    | 1CS |
| 4570-1502 | INFECTION PREVENTION  | 1CS |
| 4570-1509 | MASS CARDIOVASCULAR DISEASE PREVENTION                      | 4FN |
| 4570-1510 | OBESITY PREVENTION THRU STATE NUTRITION                     | 4FN |
| 4570-1511 | MASSACHUSETTS PASS KEY TO WOMENS HEALTH                     | 4FN |
| 4570-1512 | NATIONAL CANCER PREVENTION CONTROL                          | 4FN |
| 4570-1514 | MASSACHUSETTS WISEWOMEN PROGRAM                             | 4FN |
| 4570-1515 | CHRONIC DISEASE PREVENT & HEALTH PROMOTN                    | 4FN |
| 4570-1516 | PAUL COVERDELL NATIONAL ACUTE STROKE REGISTRY               | 4FN |
| 4570-1517 | MASSACHUSETTS NUTRITION, PHYSICAL ACTIVITY AND OBESITY      | 4FN |
| 4580-1000 | UNIVERSAL IMMUNIZATION                                      | 1CS |
| 4590-0250 | SMOKING PREVENTION EXPANSION                                | 1CS |
| 4590-0300 | FOR THE SMOKING PREVENTION & CESSATION                      | 1CS |
| 4590-0306 | DESIGN & CHARACTERIZATION OF CIGARETTES                     | 4FN |
| 4590-0901 | STATE HOSPITALS ISF   | 1IN |
| 4590-0903 | SHATTUCK COUNTY CORR ISF                                    | 1IN |
| 4590-0912 | WESTERN MASS HOSPITAL REIMBURSEMENTS                        | 1RN |
| 4590-0913 | MEDICAL SERVICES FOR HOUSE OF CORRECTION                    | 1RN |
| 4590-0914 | DIRECT CARE STAFF RECRUITMENT AND RETENTION                 | 1CS |
| 4590-0915 | HOSPITAL OPERATIONS   | 1CS |
| 4590-0916 | PUBLIC HEALTH HOSPITALS CAPITAL EXPENDITURES - LEM          | 1CN |
| 4590-1503 | PEDIATRIC PALLIATIVE CARE                                   | 1CS |
| 4590-1506 | VIOLENCE PREVENTION GRANTS                                  | 1CS |
| 4590-7411 | LEMUEL SHATTUCK HOSP INFORMATION SYSTEM                     | 3TN |
| 4800-0038 | SERVICES FOR CHILDREN & FAMILIES                            | 1CS |
| 4800-1400 | CONTRACTS FOR WOMEN IN TRANSITION                           | 1CS |
| 4899-0022 | CHILD ABUSE AND NEGLECT PREVENTION AND                      | 4FN |

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| 5011-2001 | MENTAL HEALTH INFORMATION SYSTEM FUND    | 3TN |
| 5042-5000 | FOR THE CHILD & ADOLESCENT SERVICES      | 1CS |
| 5046-0000 | MENTAL HEALTH SERVICES FOR ADULT CLIENTS | 1CS |
| 5095-0015 | STATE PSYCHIATRIC HOSPITALS AND          | 1CS |
| 5541-2689 | TRUST FUND FOR THE OPERATION OF THE DR.  | 3TN |
| 5911-2001 | DEPARTMENT OF MENTAL RETARDATION         | 3TN |
| 5920-2010 | FOR STATE OPERATED COMMUNITY BASED       | 1CS |
| 5930-1000 | FACILITY SERVICES PROGRAM                | 1CS |
| 7004-0304 | LEAD-BASED PAINT HAZARD CONTROL PROGRAM  | 4FN |
| 7006-0001 | MASS RACING DEVELOPMENT & OVERSIGHT FUND | 3TN |
| 7007-0900 | FOR EXPENSES OF THE OFFICE OF TRAVEL     | 1CS |
| 7010-0005 | DEPARTMENT OF EDUCATION-ADMINISTRATION   | 1CS |
| 7032-0228 | MASSACHUSETTS AIDS EDUCATION PROGRAM     | 4FN |
| 7035-0020 | MA STATE IMPROVEMENT GRANT PROJECT FOCUS | 4FN |
| 7044-0020 | PROJECT FOCUS ACADEMY                    | 4FN |
| 7053-2202 | SPECIAL SUMMER FOOD SERVICE PROGRAM-FOR  | 4FN |
| 8000-4608 | DRUG FREE SCHOOLS AND COMMUNITIES        | 4FN |
| 8000-4609 | NARCOTICS CONTROL ASSISTANCE             | 4FN |
| 8000-4611 | JUSTICE ASSISTANCE GRANT                 | 4FN |
| 8000-4620 | STOP VIOLENCE AGAINST WOMEN FORMULA      | 4FN |
| 8000-4691 | STATE HOMELAND SECURITY GRANT PROGRAM    | 4FN |
| 8000-4804 | STATE AGENCY PROGRAMS                    | 4FN |
| 8900-0001 | ADMINISTRATION AND OPERATION OF THE      | 1CS |
| 8903-6202 | SERIOUS & VIOLENT OFFENDER REENTRY       | 4FN |
| 8910-0000 | FOR A RESERVE TO FUND COUNTY             | 1CS |
| 8910-0102 | HAMPDEN COUNTY CORRECTIONS               | 1CS |
| 8910-0108 | FRANKLIN COUNTY CORRECTIONS              | 1CS |



THE COMMONWEALTH OF MASSACHUSETTS  
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

|  |                      |                                     |  |                                    |
|--|----------------------|-------------------------------------|--|------------------------------------|
| 1. Date of Request:<br>02/06/12  | 2. Travel Request #: | 3. Department/Division:<br>DPH      | 4. DEPT/UNIT:<br>0294/294                  | 5. Appropriation No.:<br>8100-9749 |
| 6. Name of Traveler(s):<br>Sonja Farak   |                      | 7. Title(s):<br>Chemist II (Unit 9) | 8. Dates of Travel:<br>03/18/12 - 03/23/12 | 8.a Destination<br>Dulles, VA      |
| <b>9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee):</b><br>Ms. Farak will be traveling to Dulles, VA March 18, 2012 through March 23, 2012 to attend a training seminar for Forensic Scientists involved in the analysis of controlled substances conducted by the Special Testing and Research Laboratory of the Drug enforcement Agency (DEA). The purpose of this seminar is to enhance Ms. Farak's skill as a Forensic Scientist. The 5 day training will include knowledge about analyzing different controlled substances, and the chemistry related to the analysis of controlled substances. |                      |                                     |  |                                    |
| <input checked="" type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached.<br><b>Signature of Bureau Director/Assistant Commissioner/Hospital Director:</b> _____ <b>Date:</b> _____  |                      |                                     |  |                                    |

| 10. Estimated Expenses:  |  | Private Funds | State/Federal Funds | Personal Funds     | Other Funds       |
|--|--|---------------|---------------------|--------------------|-------------------|
| Transportation: (check all that apply)   |  |               |                     |                    |                   |
| <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus<br><input checked="" type="checkbox"/> Taxi |  |               | \$587.40            |                    |                   |
| Car: <input type="checkbox"/> State <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Rental                               |  |               | \$140.00            |                    |                   |
|  |  |               | \$37.71             |                    |                   |
| Parking  |  | Days          | Rate/Amount         |                    |                   |
|  |  | 1             | \$ 45.00            | \$45.00            |                   |
| Lodging:   |  | 5             | \$ 118.80           | \$594.00           |                   |
| Meals:   |  | 1             | \$ 87.50            | \$87.50            |                   |
| Other: (please list): Tips<br>Registration Fee   |  |               |                     |                    |                   |
| Sub Total(s)   |  |               | \$1,491.61          |                    |                   |
|  |  |               |                     | <b>Grand Total</b> | <b>\$1,491.61</b> |

|  |
|--|
| 11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: |
|  |

|  |       |  |
|--|-------|--|
| 12. Privately Subsidized Travel Information: |       | Not Applicable <input checked="" type="checkbox"/>         |
| Name of Contact Person:                      | _____ | Describe all activities offered and intent to participate: |
| Company:                                     | _____ |  |
| Address:                                     | _____ |  |
| Business Activity:                           | _____ |  |
| Telephone Number:                            | _____ | Relationship Between Private Party and the _____           |

|  |  |                                    |       |
|--|--|------------------------------------|-------|
| 13. Certifications and Authorizations  |  |                                    |       |
| I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.                                |  |                                    |       |
| Signature of Traveler:   |  | Date:                              |       |
| I hereby certify that  |  | Delegation from Secretary granted. |       |
| Signature of Department Head or Designee:  |  | Title:                             | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved With Modifications <input type="checkbox"/> Comments Attached |  |                                    |       |

**Signature of Cabinet Secretary:**

**Date:**